

CERTIFIED TRUE COPY

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 1-10-94 cm

FRED DeVESa, ACTING
ATTORNEY GENERAL OF NEW JERSEY

By: Joyce Brown
Deputy Attorney General
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
(201) 648-4738

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

IN THE MATTER OF	:	Administrative Action
	:	
MEHMET DIKENGIL, D.M.D.	:	CONSENT ORDER
	:	
LICENSED TO PRACTICE DENTISTRY IN	:	
THE STATE OF NEW JERSEY	:	
	:	

This matter was opened to the New Jersey State Board of Dentistry (Board) upon receipt of a complaint from a subsequent treating orthodontist concerning eighteen patients who received improper orthodontic treatment by the respondent at Elizabeth Dental Associates. The Board reviewed the entire record in this matter consisting of the patient records and acquired further information at an investigative inquiry attended by the respondent together with his counsel on August 25, 1993.

It appearing that the respondent desires to resolve this matter without recourse to formal proceedings and for good case shown;

IT IS ON THIS

3

January 1994
DAY OF DECEMBER, 1993

HEREBY ORDERED AND AGREED THAT:

1. The respondent is hereby assessed a civil penalty in the amount of \$2,500 (for failure to sign the insurance submissions as the patient's treating dentist). The civil penalty shall be paid in installments as follows: \$500 shall be paid on or before January 1, 1994. The remaining payments shall be made in four (4) monthly payments of \$500, commencing January 1, 1995. The certified checks or money orders should be made payable to the State of New Jersey and submitted to the State Board of Dentistry no later than the first day of each month. In the even that a monthly payment is not received within thirty days, the entire balance of the civil penalty shall become due and owing.

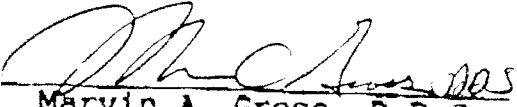
2. The respondent shall successfully complete 100 hours of continuing education in orthodontics within six months of the entry date of this Order. Respondent shall attend and participate in the custom made basic orthodontic program which has been established for him at UMDNJ at a rate of \$70 per hour for a total cost of \$7,000. Payments for the orthodontics course shall be made in monthly installments of \$583.33 over a period of twelve months. The payments are due on the first day of each month and the first payment shall be made on December 1, 1993, checks shall be made payable to UMDNJ Continuing Education and mailed to 110 Bergen Street, Newark, New Jersey 07103. Should any of the tuition payments be more than thirty (30) days late, the entire balance of the tuition shall immediately become

due and owing and in addition the full amount of the civil penalty shall immediately become due and owing. In the event respondent fails to comply with the accelerated payment provision for tuition and the civil penalty, the Board shall subject respondent to further monetary penalty. Respondent shall also be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Order. The continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education required for licensees.

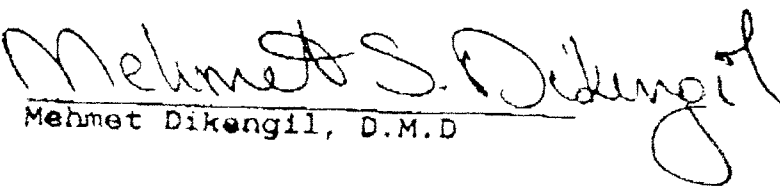
3. Respondent is hereby reprimanded by the Board of Dentistry for his failure to use proper diagnostic materials and failure of treatment with respect to the patients who were involved in this matter.

STATE BOARD OF DENTISTRY

By:


Marvin A. Gross, D.D.S.
President

I have read and understand
the within Order and agree
to be bound by its terms.
Consent is hereby given to
the Board to enter this
Order.


Mehmet Dikengil, D.M.D.

CERTIFIED TRUE COPY

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 1-10-94 cm

FRED DeVESA, ACTING
ATTORNEY GENERAL OF NEW JERSEY

By: Joyce Brown
Deputy Attorney General
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
(201) 648-4738

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

IN THE MATTER OF

MEHMET DIKENGIL, D.M.D.

LICENSED TO PRACTICE DENTISTRY IN
THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry (Board) upon receipt of a complaint from a subsequent treating orthodontist concerning eighteen patients who received improper orthodontic treatment by the respondent at Elizabeth Dental Associates. The Board reviewed the entire record in this matter consisting of the patient records and acquired further information at an investigative inquiry attended by the respondent together with his counsel on August 25, 1993.

It appearing that the respondent desires to resolve this matter without recourse to formal proceedings and for good case shown;

IT IS ON THIS

3

January 1994
DAY OF DECEMBER, 1993-

HEREBY ORDERED AND AGREED THAT:

1. The respondent is hereby assessed a civil penalty in the amount of \$2,500 (for failure to sign the insurance submissions as the patient's treating dentist). The civil penalty shall be paid in installments as follows: \$500 shall be paid on or before January 1, 1994. The remaining payments shall be made in four (4) monthly payments of \$500, commencing January 1, 1995. The certified checks or money orders should be made payable to the State of New Jersey and submitted to the State Board of Dentistry no later than the first day of each month. In the even that a monthly payment is not received within thirty days, the entire balance of the civil penalty shall become due and owing.

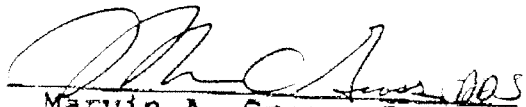
2. The respondent shall successfully complete 100 hours of continuing education in orthodontics within six months of the entry date of this Order. Respondent shall attend and participate in the custom made basic orthodontic program which has been established for him at UMDNJ at a rate of \$70 per hour for a total cost of \$7,000. Payments for the orthodontics course shall be made in monthly installments of \$583.33 over a period of twelve months. The payments are due on the first day of each month and the first payment shall be made on December 1, 1993, checks shall be made payable to UMDNJ Continuing Education and mailed to 110 Bergen Street, Newark, New Jersey 07103. Should any of the tuition payments be more than thirty (30) days late, the entire balance of the tuition shall immediately become

due and owing and in addition the full amount of the civil penalty shall immediately become due and owing. In the event respondent fails to comply with the accelerated payment provision for tuition and the civil penalty, the Board shall subject respondent to further monetary penalty. Respondent shall also be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Order. The continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education required for licensees.

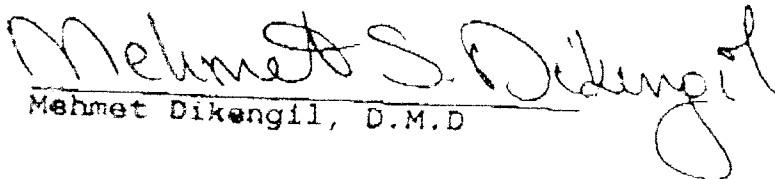
3. Respondent is hereby reprimanded by the Board of Dentistry for his failure to use proper diagnostic materials and failure of treatment with respect to the patients who were involved in this matter.

STATE BOARD OF DENTISTRY

By:


Marvin A. Gross, D.D.S.
President

I have read and understand the within Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.


Mehmet Dikengil, D.M.D.



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

ROBERT J. DEL TUFO
ATTORNEY GENERAL

LOCATION

124 HALSEY STREET 6TH FLOOR
NEWARK, NJ 07102
(201) 648-7087

EMMANUEL BYRNE
DIRECTOR

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes ☐ No ☐
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title